

## VIRAL HEPATITIS CASE REPORT

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name (nickname): \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ Zip Code: \_\_\_\_\_ -- \_\_\_\_\_

SSN # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

----- Only data from lower portion of form will be transmitted to CDC -----

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Public Health Report \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter NETSS ID NO.           If no, please enter STATE CASE NO. \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify: _____		<b>ETHNICITY:</b> Hispanic ..... <input type="checkbox"/> Non-hispanic ..... <input type="checkbox"/> Other/Unknown ..... <input type="checkbox"/>
<b>SEX:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> <b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <b>DATE OF BIRTH:</b> MM/DD/YYYY <b>AGE:</b> ____ (years) ( 00= <1yr , 99= Unk )		

## CLINICAL &amp; DIAGNOSTIC DATA

**REASON FOR TESTING:** (Check all that apply) ☐ Symptoms of acute hepatitis    ☐ Evaluation of elevated liver enzymes  
☐ Screening of asymptomatic patient with reported risk factors    ☐ Blood / organ donor screening  
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested )    ☐ Follow-up testing for previous marker of viral hepatitis  
☐ Prenatal screening    ☐ Unknown    ☐ Other: specify: \_\_\_\_\_

CLINICAL DATA:	DIAGNOSTIC TESTS: CHECK ALL THAT APPLY																																																
Diagnosis date: MM/DD/YYYY Is patient symptomatic? ..... Yes No Unk if yes, onset date: MM/DD/YYYY Was the patient • Jaundiced? ..... • Hospitalized for hepatitis? ..... Was the patient pregnant ? ..... due date : MM/DD/YYYY Did the patient die from hepatitis? ..... • Date of death: MM/DD/YYYY	<table border="1"> <thead> <tr> <th></th> <th>Pos</th> <th>Neg</th> <th>Unk</th> </tr> </thead> <tbody> <tr><td>• Total antibody to hepatitis A virus [total anti-HAV] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• IgM antibody to hepatitis A virus [IgM anti-HAV] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• Hepatitis B surface antigen [HBsAg] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• Total antibody to hepatitis B core antigen [total anti-HBc] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• IgM antibody to hepatitis B core antigen [IgM anti-HBc] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• Antibody to hepatitis C virus [anti-HCV] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>    - anti-HCV signal to cut-off ratio _____</td><td></td><td></td><td></td></tr> <tr><td>• Supplemental anti-HCV assay [e.g., RIBA] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• HCV RNA [e.g., PCR] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• Antibody to hepatitis D virus [anti-HDV] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>• Antibody to hepatitis E virus [anti-HEV] .....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Pos	Neg	Unk	• Total antibody to hepatitis A virus [total anti-HAV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• IgM antibody to hepatitis A virus [IgM anti-HAV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Hepatitis B surface antigen [HBsAg] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Total antibody to hepatitis B core antigen [total anti-HBc] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• IgM antibody to hepatitis B core antigen [IgM anti-HBc] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Antibody to hepatitis C virus [anti-HCV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- anti-HCV signal to cut-off ratio _____				• Supplemental anti-HCV assay [e.g., RIBA] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• HCV RNA [e.g., PCR] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Antibody to hepatitis D virus [anti-HDV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Antibody to hepatitis E virus [anti-HEV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pos	Neg	Unk																																														
• Total antibody to hepatitis A virus [total anti-HAV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• IgM antibody to hepatitis A virus [IgM anti-HAV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• Hepatitis B surface antigen [HBsAg] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• Total antibody to hepatitis B core antigen [total anti-HBc] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• IgM antibody to hepatitis B core antigen [IgM anti-HBc] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• Antibody to hepatitis C virus [anti-HCV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
- anti-HCV signal to cut-off ratio _____																																																	
• Supplemental anti-HCV assay [e.g., RIBA] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• HCV RNA [e.g., PCR] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• Antibody to hepatitis D virus [anti-HDV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
• Antibody to hepatitis E virus [anti-HEV] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b> • ALT [SGPT] Result _____ Upper limit normal _____ • AST [SGOT] Result _____ Upper limit normal _____ • Date of ALT result MM/DD/YYYY • Date of AST result MM/DD/YYYY	• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? ..... Yes No Unk Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>																																																

DIAGNOSIS: (Check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Acute hepatitis A | <input type="checkbox"/> Chronic HBV infection               | <input type="checkbox"/> Perinatal HBV infection | <input type="checkbox"/> Hepatitis Delta (co- or super-infection) |
| <input type="checkbox"/> Acute hepatitis B | <input type="checkbox"/> HCV infection (chronic or resolved) |  |   |
| <input type="checkbox"/> Acute hepatitis C | <input type="checkbox"/> Acute non-ABCD hepatitis            |  |   |
| <input type="checkbox"/> Acute hepatitis E |  |  |   |

# DRAFT COPY

STATE CASE NO. \_\_\_\_\_

## Patient History- Acute Hepatitis B

NETSS ID NO.

--	--	--	--	--	--	--	--	--	--

During the **6 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? **Yes No Unk**

### If yes, type of contact

- Sexual ..... ☐ ☐ ☐
- Household [Non-sexual] ..... ☐ ☐ ☐
- Other: ..... ☐ ☐ ☐

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many **0 1 2-5 >5 Unk**

- male sex partners did the patient have? ..... ☐ ☐ ☐ ☐ ☐
- female sex partners did the patient have? ..... ☐ ☐ ☐ ☐ ☐

Was the patient **EVER** treated for a sexually-transmitted disease? ..... **Yes No Unk**

- If yes, in what year was the most recent treatment ? Y Y Y Y

During the **6 weeks- 6 months** prior to onset of symptoms

- inject drugs not prescribed by a doctor? ..... ☐ ☐ ☐
- use street drugs but not inject? ..... ☐ ☐ ☐

During the **6 weeks- 6 months** prior to onset of symptoms

### Did the patient-

- undergo hemodialysis? ..... **Yes No Unk**
- have an accidental stick or puncture with a needle or other object contaminated with blood? ..... ☐ ☐ ☐
- receive blood or blood products [transfusion] ..... ☐ ☐ ☐
- if yes, when? MM/DD/Y Y Y Y
- have other exposure to someone else's blood ..... ☐ ☐ ☐
- specify: \_\_\_\_\_

During the **6 weeks - 6 months** prior to onset of symptoms

- Was the patient employed in a medical or dental field involving direct contact with human blood ? ..... ☐ ☐ ☐
- If yes, frequency of direct blood contact?  
Frequent (several times weekly) ☐ Infrequent ☐
- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood? ..... ☐ ☐ ☐
- If yes, frequency of direct blood contact?  
Frequent (several times weekly) ☐ Infrequent ☐
- Did the patient receive a tattoo? ..... ☐ ☐ ☐
- where was the tattooing performed? (select all that apply)  
☐ commercial ☐ correctional ☐ other \_\_\_\_\_  
parlor / shop facility

During the **6 weeks- 6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?  
where was the piercing performed? (select all that apply)  
☐ commercial ☐ correctional ☐ other \_\_\_\_\_  
parlor / shop facility **Yes No Unk**
- Did the patient have dental work or oral surgery? ..... ☐ ☐ ☐
- Did the patient have surgery ? (other than oral surgery) .. ☐ ☐ ☐
- Was the patient- **Check all that apply**
- hospitalized ? ..... ☐ ☐ ☐
- a resident of a long term care facility ? ..... ☐ ☐ ☐
- incarcerated for longer than 24 hours ? ..... ☐ ☐ ☐
- if yes, what type of facility (check all that apply)  
prison ..... ☐ ☐
- jail ..... ☐ ☐
- juvenile facility ..... ☐ ☐

During his/her lifetime, was the patient **EVER**

- incarcerated for longer than 6 months ? ..... ☐ ☐ ☐
- If yes,  
what year was the most recent incarceration ? ..... Y Y Y Y  
for how long ? ..... mos

Did the patient ever receive hepatitis B vaccine?

- If yes, how many shots? ..... **Yes No Unk**
- 1 2 3+
- In what year was the last shot received? ..... ☐ ☐ ☐ ☐

Was the patient tested for antibody to HBsAg

- (anti-HBs) within 1-2 months after the last dose? ..... **Yes No Unk**
- If yes, was the serum anti-HBs  $\geq 10\text{mIU/ml}$ ? ..... ☐ ☐ ☐
- (answer 'yes' if the laboratory result was reported as ....  
'positive' or 'reactive')